



Virginia Enterprise Zones


**APPLICATION
FOR
ENTERPRISE ZONE AMENDMENT
FORM EZ-2**

APPLICANT LOCALITY

Name of Zone: _____

Virginia Enterprise Zone #: _____

**Virginia Department of
Housing and Community Development
501 North Second Street
Richmond, VA 23219-1321
(804) 371-7030**



SECTION I. ADMINISTRATIVE INFORMATION

A. Locality:	B. Date:
C. Chief Administrator:	Phone:
D. Designated Contact Person:	Phone:
E. Address:	
F. Check One: Single Application Joint Application	
G. List other participating localities below: _____ _____ _____ _____	
H. Local EZ Annual Reports are current: ____Yes ____No	
I. Non-contiguous Sub Zone This zone currently has a non-contiguous sub zone. ____Yes ____No This zone does not have a non-contiguous sub zone, but another zone in this locality has a non-contiguous sub zone. ____Yes ____No This amendment proposes to add a non-contiguous sub zone to this zone. ____Yes ____No NOTE: Only one non-contiguous sub zone is allowed in a single locality, no matter how many zones the locality has.	

SECTION II. BACKGROUND INFORMATION

II A. Purpose of Amendment: Check the type of amendment and briefly explain why the amendment is being requested and what is to be accomplished by the approval. **(Limit to one page.)**

☐ Boundary Addition

☐ Boundary Deletion

☐ Incentive Amendment

☐ Goals/Objectives/Strategies/Actions

II B. Location and Boundaries: Provide a list of all 2000 U. S. Census block groups comprising the existing enterprise zone area and the zone areas to be added and/or deleted according to the census tracts in which they are located. If only a portion of a block group is included in the current area or area to be deleted, list the block group followed by an asterisk to indicate that it is a partial block. In a joint application, indicate the locality in which each block group is located.

ExistingAddedDeleted

II C. Housing and Population Characteristics: Use the 2000 Census data or data available from the Center for Public Service or the appropriate Planning District Commission. Data is requested for the current zone area, proposed zone area to be added and/or deleted. (See page 11 of the instruction manual.)

	CURRENT ZONE	PROPOSED ADDITION	PROPOSED DELETION	TOTAL
1. Total Population				
2. Total Households				
3. Total Civilian Labor Force				
4. # of Civilian Labor Force Unemployed				
5. % of Civilian Labor Force Unemployed				
6. Median Household Income: (Entire Jurisdiction) \$				
Zone Households with Incomes Below 80% of Medium Income:				
7. Number:				
8. Percent:				

Virginia Enterprise Zone Amendment Application
Form EZ-2

II D. Floor Vacancy Rate: Complete only if applicant chooses to meet the distress criteria requirement through the 20% floor vacancy rate in industrial and/or commercial property option. Commercial and industrial vacancy rates may be available through real estate firms but are not generally broken out by census tracts and block groups. Applicants choosing this option will have to have a survey and analysis of rates completed by the local Planning District Commission.

1. ____%

2. Source of Methodology:

a. Explanation of methodology: (Attach additional pages if needed.)

II E. Land Area: If areas are NOT being added or deleted, enter N/A for each of the following:

- | | | | |
|----|---------------------------------|-------|-------|
| 1. | Current zone size in acres | _____ | _____ |
| 2. | Proposed addition size in acres | _____ | _____ |
| | Proposed deletion size in acres | _____ | _____ |

Total Acres

- | | | | |
|----|---|-------|-------|
| 3. | Jurisdiction's total land area in acres | _____ | _____ |
| 4. | Jurisdiction's total 2000 population | _____ | _____ |

II. F Map Requirements: The following maps are required ONLY if adding or deleting boundaries. (See page 13 of the instruction manual.)

1. Map of the locality showing the existing zone area and proposed zone area boundaries to be added and/or deleted (see instructions). **Label this map EZ-2, Map 1.** Please indicate the current zone boundary with a **solid line**, the proposed expansion area with a **dashed line**. If an area is to be deleted please shade this area.
2. Map of the existing zone and proposed area to be added and/or deleted with a break-down of existing land uses. Indicate on this map total zone acreage and the approximate number of acres devoted to each type of use (see instructions). **Label this map EZ -2 Map 2.**
3. Map of the existing zone and proposed zone area showing the boundaries of the existing zoning districts. **Label this map EZ-2 Map 3.** If the area is not zoned, this attachment should be omitted.

SECTION III. JUSTIFICATION FOR BOUNDARY ADDITIONS

III A. Conditions in the Expanded Area: Describe **only** the current conditions within the **expanded enterprise zone area** emphasizing economic, physical, and social factors that are **unique**. **(One additional page may be attached)**

III B. Non-physical Barriers: Describe only the current non-physical and social conditions within the expanded enterprise zone area that are barriers that have an impact on zone development and revitalization. **(One additional page may be attached)**

III C. Physical Deficiencies: Describe only the physical deficiencies in the expanded enterprise zone area including but not limited to: public infrastructure, community facilities, commercial and industrial facilities, and housing stock. **(One additional page may be attached)**

III D. Local Revitalization Efforts: Provide a brief description of economic development revitalization activities that have been undertaken within the last five years in the proposed expanded enterprise zone area. If no major public or private initiatives within the last five-years have been undertaken, indicate this with the word "none." **(One additional page may be attached).**

III E. Relationship to Local Community and Economic Development Strategies: Describe how an enterprise zone expansion fits into the locality's overall community and economic development strategy. Focus on existing comprehensive, area or neighborhood plans or internal policies. Describe how a zone expansion or deletion will enhance the locality's existing plans for the area. **(One additional page may be attached)**

SECTION IV. JUSTIFICATION FOR BOUNDARY DELETIONS

IV A. Purpose of Boundary Deletion: Discuss the rationale for the decision to delete an area(s) from the existing zone. Identify the factors taken into consideration and discuss the benefit to the locality. Describe the process used to notify business and property owners and summarize results of the public hearing. Attach a copy of the minutes of the public hearing and a sample of the property/business owner notification.

IV B. Impact of Boundary Deletion: Identify the number and types of property and business owners and general impact. Discuss the impact of the decision on the revitalization efforts of the area to be deleted. Identify and discuss future plans for the area.

SECTION V. GOALS, OBJECTIVES, STRATEGIES AND ACTIONS

V A. Identifying and implementing amended goals, objectives, strategies and actions (GOSAs) for the enterprise zone: The purpose of amending GOSAs is to improve the locality's ability to identify, coordinate and maximize resources to address barriers to economic revitalization. (See **Appendix E** of the instruction manual for examples.) The implementation schedule helps to identify participants, agencies and organizations and establishes projected times for implementation and progress. Complete Chart VA, Implementation Schedule, on the following page; add the years in as appropriate (2000, 2001 etc.) Reproduce this format as necessary.

CHART V A. IMPLEMENTATION SCHEDULE

GOAL:

OBJECTIVE:

Strategies	Actions	Responsible Department/ Agency/Organization	Year _____	Year _____	Year _____	Year _____	Year _____
A.							
B.							
C.							
D.							

CHART V A. IMPLEMENTATION SCHEDULE**GOAL:****OBJECTIVE:**

Strategies	Actions	Responsible Department/ Agency/Organization	Year _____	Year _____	Year _____	Year _____	Year _____
A.							
B.							
C.							
D.							

V B. Revisions to the Implementation Schedule: Describe the process for regularly revising the implementation schedule including the involvement of those participants, agencies and organizations identified in the GOSAs and the implementation schedule. **(Limit response to the space provided)**

SECTION VI. LOCAL INCENTIVES

VI A. Modification of Existing Incentives: Discuss the need to modify the local incentive(s) and what aspect(s) are being modified such as the provider, limitation of availability or applicability, funding, or time period the incentive is being offered. **(Limit response to the space provided)**

VI B. Deletion of Existing Incentives: Begin by identifying the total number of incentives being added or deleted. Next, identify the number of the incentive in the existing package that is being deleted and provide justification (use additional pages as necessary).

The total number of local incentives being deleted is _____.

The following incentives are to be deleted:

Number: _____

Name:

Justification:

Number: _____

Name:

Justification:

Number: _____

Name:

Justification:

Number: _____

Name:

Justification:

The number of **new** incentives being added is _____.

19

SECTION VII. LOCAL MANAGEMENT CAPACITY

VII. Local Management and Administration: Describe how the enterprise zone will be administered, managed and marketed. The discussion should focus on the department/agency/organization that will have responsibility for the zone's administration. Also describe how monitoring the goals, objectives, strategies and actions will be a part of the overall administration of the zone. **(One additional page may be attached).**

SECTION VIII. LOCAL ASSURANCES

VIII A. Local Assurances and Authorizations: Used to certify the accuracy of the information provided by the applicant and to insure that program regulations will be met.

As the representative of the local governing body of _____, I hereby certify that:
(locality)

1. The information in the Enterprise Zone application is accurate to the best of my knowledge.
2. A public hearing was held by the aforementioned locality to solicit comments on this request for application amendment. Attach a copy of the public hearing advertisement and a copy of the public hearing minutes.
3. Any local enterprise zone incentives proposed by the aforementioned locality in the Enterprise Zone application represents a firm commitment by the locality;
4. It is understood that if at any time the aforementioned locality is unable or unwilling to fulfill a commitment to provide local enterprise zone incentives, or if no state enterprise zone incentives have been utilized within a five-year period, the zone shall be subject to termination.

Chief Administrator

Title

Date

Important: All applications must include a certified resolution from the local governing body. If a joint application, include resolutions of each local governing body. **Label this resolution(s as Attachment EZ-VIII-A.** Joint applications must also include Joint Application Amendment Agreement Form EZ-2-JA. (See Section IX.)

SECTION IX. JOINT AMENDMENT APPLICATION AGREEMENT

IX A. Instructions: Each jurisdiction participating in a joint amendment application must complete the following form. This form insures that all jurisdictions are in agreement with the amendment being submitted by the jurisdiction acting as program administrator.

FORM EZ-2-JA
JOINT AMENDMENT APPLICATION AGREEMENT

As the representative of the local governing body of _____, I hereby
certify that: (locality)

1. The aforementioned locality is in agreement with the other participating localities in filing this joint application;
2. Any local enterprise zone incentives proposed by the aforementioned locality in this application represent a firm commitment;
3. It is understood that if at any time the aforementioned locality is unable or unwilling to fulfill a commitment to provide local enterprise zone incentives listed in this application, the zone shall be subject to termination; and
4. A public hearing was held on _____ to solicit comments on this amendment application. (date)

Chief Administrator	Title	Date
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Important: All applications must include a certified resolution from the local governing body. Joint applications must include resolutions of each local governing body. **Label this resolution(s) Attachment EZ-IX-A.**

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